

POSITION	INITIALS	ID-NO.	DATE
FEE DETERMINATION			
O.I.P.E. CLASSIFIER	<i>BM</i>		<i>06-28-01</i>
FORMALITY REVIEW	<i>TH</i>	<i>753</i>	<i>08-15-01</i>
RESPONSE FORMALITY REVIEW			

### INDEX OF CLAIMS

✓ ..... Rejected      N ..... Non-elected  
 = ..... Allowed      I ..... Interference  
 - (Through numeral) ... Canceled      A ..... Appeal  
 ÷ ..... Restricted      O ..... Objected

Claim	Final	Original	Date
1	✓	✓	
2	✓	✓	
3	✓	✓	
4	✓	✓	
5	✓	✓	
6	✓	✓	
7	✓	✓	
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Claim	Final	Original	Date
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Claim	Final	Original	Date
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BEST AVAILABLE COPY

*1-30*  
*08-16-01*

If more than 150 claims or 10 actions  
staple additional sheet here

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